

Application Form for Wholesale Trade Account



Buyer Information		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Phone:	Tax ID:
Email:	Website:	
Type of Business : ☐ Flower Store ☐ Gift Shop ☐ Wholesaler ☐ Other		
Buyer's Store/Warehouse Contact		
Name:	Phone:	
Email:		
Accounting/Payment Contact		
Name:	Phone:	
Email:		
Business and Trade References		
1. Company Name:	Contact Name:	
Address:		
Email:	Phone:	
2. Company Name:	Contact Name:	
Address:		
Email:	Phone:	
Documents Required		
• GSTIN Copy		
• Aadhar Card Copy		
• Others If Any		
Agreement		
•By submitting this application you authorize OGI Interiors to make inquiries into the banking and GSTIN Certificate and business/trade references listed above.		
Signature:	Title:	
Location:	Date:	